



Outcomes Tool Selection Committee

Kick-Off Meeting

April 29, 2015

Act 1593 of 2007

- Act 1593 of 2007 mandated the implementation of an assessment tool to guide service decisions and outcomes, and authorized an outcomes-based data system to support tracking, accountability, and decision-making.
- Youth Outcomes Questionnaire (Y-OQ[®]) was chosen by Work Group to comply with Act 1593 of 2007

House Bill 1129 of 2014

- Required DHS to submit a report to both the House and Senate Committee on Public Health, Welfare, and Labor by May 31, 2014, regarding:
 - Cost to the state and to the affected providers requiring the administration of the outcomes-based system
 - Benefits realized as a result of requiring the administration of the Y-OQ[®]
 - Clinical rationale for requiring the Y-OQ[®] for all clients receiving behavioral health services
- Some key challenges with the administration of the Y-OQ[®] in Arkansas were identified.

Challenges With Current Outcomes Tool

- Family Involvement
 - YOQ[®] was designed to be completed independently by the parent or guardian (or youth)
 - Family involvement is necessary for the YOQ[®] to be effective and beneficial to the clinical process
 - Providers noted the difficulty in continued engagement of parents and guardians which includes both treatment planning and YOQ[®] administration

Challenges With Current Outcomes Tool

- Literacy
 - The YOQ[®] is written at a 5th grade level
 - Providers expressed that parents or guardians, at times, do not have the reading and comprehension skills to read and answer the YOQ[®] questions, therefore, staff members had to read the questions to the parents

Challenges With Current Outcomes Tool

- Instrument Length and Frequency
 - The YOQ[®] is 64 questions and is required to be administered to the client and parents every 90 days
 - Very time consuming for clients and their parents
 - Providers reported that parents often complain about completing the same 64 questions so often

Provider Challenges Identified From Survey

- Documentation
- Too much staff time used in administering tool
- Lack of reliable and useful data
- No integration within EHR/EMR

Why are we here?

- Act 161 of 2015 requires that the Division of Behavioral Health Services (DBHS) select a new outcomes measurement tool no later than September 30, 2015

Outcomes Tool Selection Committee

- To meet the mandate of Act 161, DBHS plans to convene a nine member voting committee which would consist of:
 - One Children’s Behavioral Health Care Commission Representative
 - Two DHS Representatives
 - Two Community Mental Health Center Representatives
 - Clinician
 - Quality Assurance Director
 - Two Private Provider Representatives
 - Clinician
 - Quality Assurance Director
 - Two Consumer Representatives
 - Youth Representative
 - Family Representative
- Open Invitation to Meetings

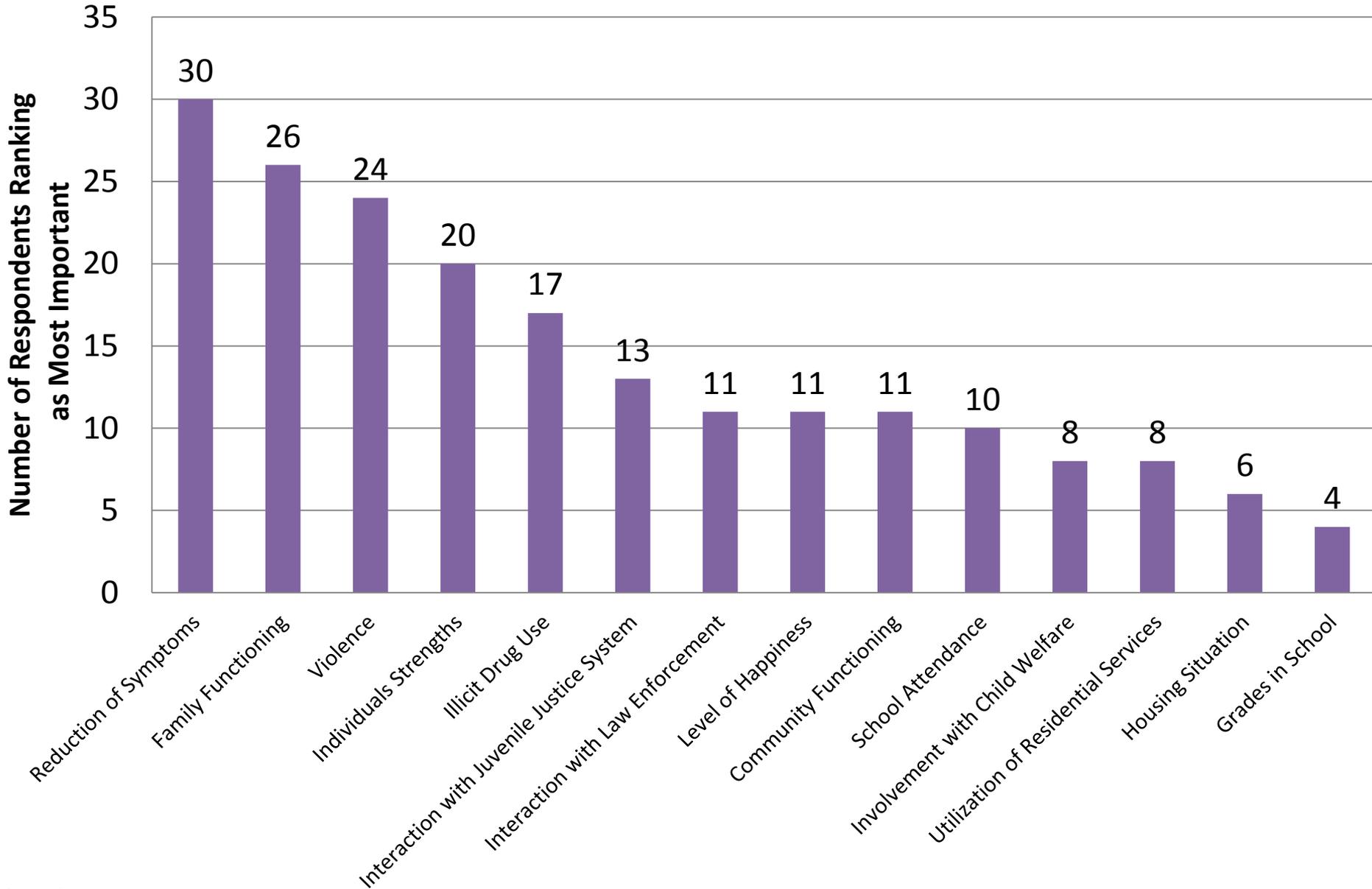
Decisions To Be Made

1. Define Goals of Outcomes Tool
2. Determine which behavioral health clients should have outcomes tracked?
3. Determine how data from outcomes tool will be collected
4. How will providers use data?

Decisions To Be Made

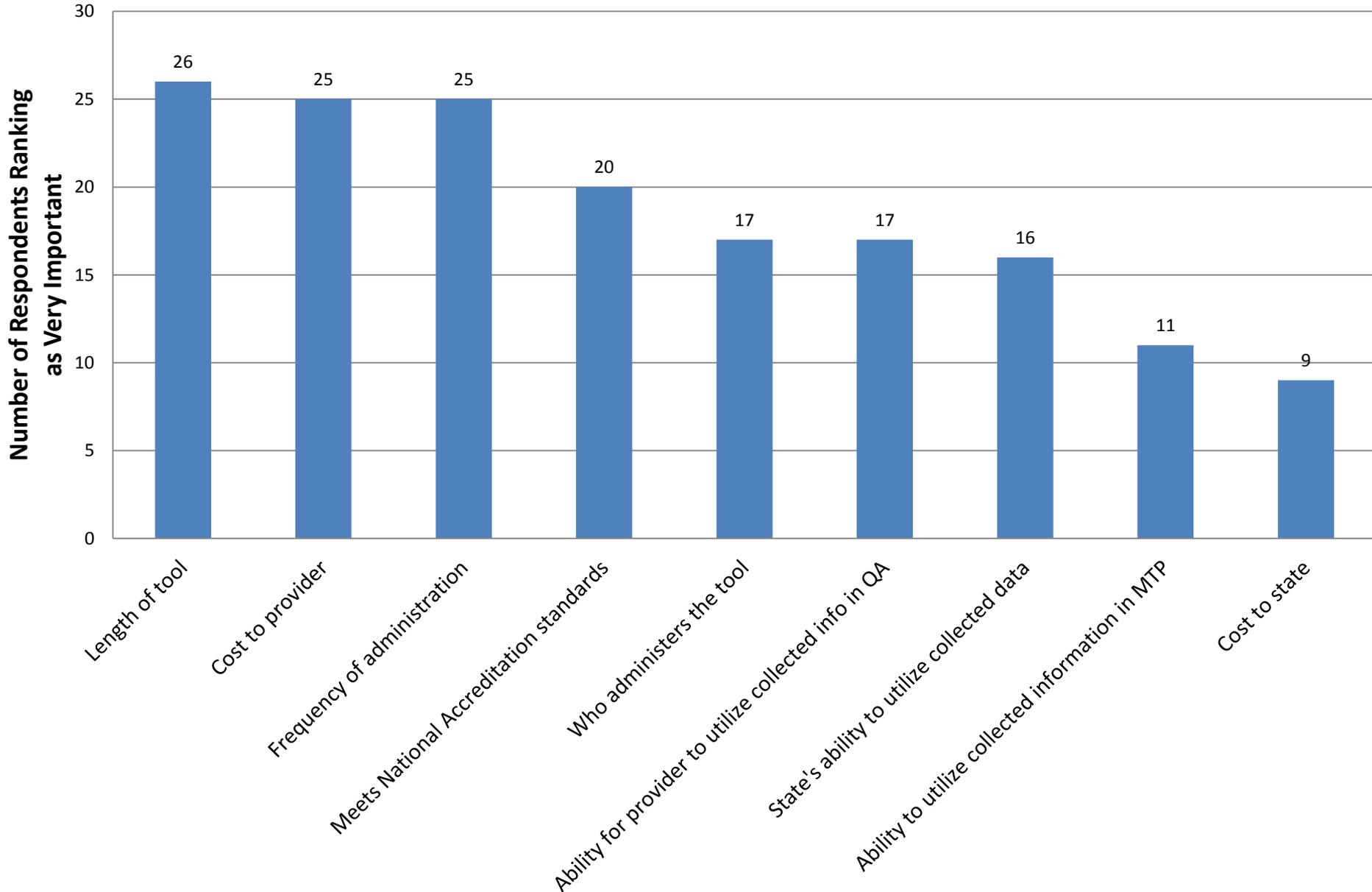
5. How will the State use the data?
6. How data will be presented / Where will data be located at?
7. Discuss payment / reimbursement for collection of Outcomes data
8. Recommend what happens to providers who fail to utilize / complete outcomes tool

Outcome Metrics



*Out of 57 Respondents

Factors in Selecting Outcomes Tool



*Out of 57 Respondents

Recommended Outcomes Instruments

- CAFAS
- CANS
- Develop a state specific instrument
- Let Providers Use Own Outcomes Measures as Required during Accreditation
- Utilize Required Treatment Plan Reviews

Next Meeting

Next meeting: 1:00pm, May 20th, 2015.

Location: TBD

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